

PRELIMINARY ADOPTIVE FAMILY ASSESSMENT

Adoption Services
Michigan Department of Human Services

APPLICANT INFORMATION

Mother's Name	Date of Birth
Father's Name	Date of Birth
Address	Phone Number ()
Name of child(ren) available for adoption)	Date of Birth

OTHER HOUSEHOLD MEMBERS

Children in the Home

Child's Name	Date of Birth
Relationship to Applicant (birth, foster, guardianship, etc.)	

Adults in the Home (other than applicants)

Adults Name	Date of Birth
Relationship to Applicant	

DATES OF CONTACT

Dates	With whom (include role/position)	Type (HV, TC, OV)
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RELATIONSHIP WITH CHILD

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MOTIVATION TO ADOPT

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SOCIAL HISTORY OF APPLICANTS (self reported)

Maternal

--

Paternal

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Living Together Partner

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FINANCIAL (Self Reported)

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HOME AND COMMUNITY(Self Reported)

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ADDITIONAL DOCUMENTATION

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ABILITY TO MEET THE CHILD'S NEEDS

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RECOMMENDATION

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Worker Signature

Date

Agency Name

Supervisor Signature

Date

AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION: Voluntary.	
PENALTY: None	